

031604 22313 U.S. PTO

TAROLLI, SUNDHEIM, COVELL TUMMINO L.L.P.
526 Superior Avenue, Suite 1111
Cleveland, Ohio 44114

Phone: (216) 621-2234
Facsimile: (216) 621-4072

17302 U.S. PTO
10/801969
031604

PATENT

Attorney Docket No. SMB-7038

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **George Nerubenko**

For (title): **TORSIONAL VIBRATION DAMPER OF A ROTATING SHAFT**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

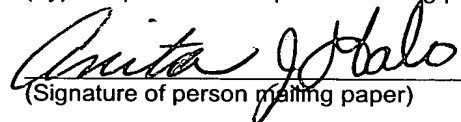
- 20 Pages of specification
- 1 Pages Abstract
- 7 Pages of claims
- 10 Sheets of drawing
- ☒ formal (Figs. 1-9)
- ☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Statement (2 pgs.); PTO-Form 1449 (1 pg.) citing SIXTEEN (16) references and enclosing EIGHT (8) references**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **March 16, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EU-712715349US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo
(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. **Declaration or oath:**

☒ Enclosed (Executed)

☐ Not Enclosed.

3. **Language:**

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. **Assignment:**

☐ An assignment of the invention to _____

☐ is attached.

☐ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

from which priority is claimed

☐ is attached

☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed		Number Extra	Rate	Basic Fee
				\$ 385.00
Total Claims	27	-20 =	7 X \$ 9.00	63.00
Independent Claims	6	- 3 =	3 X \$ 43.00	129.00
Multiple dependent claim(s), if any			0 + \$145.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☒ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$577.00**

7. **Small Entity Statement**

- ☒ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$577.00**
- ☐ assignment recordal fee \$ _____
- ☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed \$577.00


9. **Method of Payment Fees:**

- ☒ check in the amount of **\$577.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

TAROLLI, SUNDHEIM, COVELL,
& TUMMINO L.L.P.
526 SUPERIOR AVENUE, SUITE 1111
CLEVELAND, OHIO 44114-1400
Tel. No. (216) 621-2234
Fax No. (216) 621-4072
Customer No.: 26,294


SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick
Type or print name of attorney